

Children with Special Health Care Needs

April Williams: Hello and welcome. Thank you for joining us today for our webinar Children with Special Health Care Needs. This webinar is sponsored by the Office of Head Start and National Center on Health. My name is April Williams and I'm the program coordinator for the National Center on Health. Before we begin today, I'd like to highlight a few housekeeping items. First a few details. If you're using Wi-Fi and are not hardwired, you may experience a greater lag time during the presentation. The slides will advance automatically throughout the presentation and attendees will not have control over the slides.

All attendees' lines are muted but if you have a question, we encourage you to type your question in the "Ask a Question" box on the bottom of your screen. If time permits, there'll be a short question and answer session at the end of the webinar. And if we do not have time to answer your question during the webinar, we'll send you an answer directly via email in the next few weeks. If you're listening to the webinar by phone, you must click on the "Listen by Phone" button that is just above the "Ask a Question" box. To view the presentation in full screen, please click on the black button at the upper right-hand corner of the presentation slides.

After the webinar, you'll be redirected to an online evaluation. Please take a few minutes to share your feedback on today's events. Only participants who complete the evaluation will receive a certificate of participation. If you're watching as a part of a group, the person who logged into the webinar will receive an email with the links to the survey. Please share the link with the rest of the group so that everyone that watched the webinar can receive a certificate.

If you need technical assistance during the webinar, please type your question in the "Ask a Question" box and our technical staff will assist you. Lastly, during the webinar the presenters will reference a few handouts. These handouts are available to you on the left side of your screen under "Event Resources." In that same tab you'll also find the webinar slides and other resources that you might find useful in your work.

So now I'll introduce our speakers. First, Dr. Elaine Donoghue. Dr. Donoghue is an academic pediatrician at Lehigh Valley Health Network in Allentown, Pennsylvania. Her involvement in early education and Child Care began in 2000 as a medical director of Healthy Child Care New Jersey. She joined the American Academy of Pediatrics Early Education and Child Care special interest group of community pediatrics in 2003. And she helped the special interest group to become the section on early education and Child Care in 2008. Dr. Donoghue joined the Committee on Early Childhood in 2006 and co-chaired as it became a council in 2014. She co-authored "Managing Chronic Health Needs in Child Care and School" with Dr. Colleen Kraft in 2009 and she was the project advisor for the Healthy Futures, which developed training materials on medication administration and the managing infectious disease for Child Care providers.

And secondly we have Kimberly Clear-Sandor. Kimberly Clear-Sandor, Masters of Science in Nursing, is a family nurse practitioner who brings more than 20 years of experience in promoting the health of communities, families, and individuals to her role as senior training and technical assistance provider for the National Center on Health. She is also a Child Care Health Consultant and the executive director of

the Connecticut Nurses Association. Kim Clear-Sandor is passionate about leveraging her understanding of health, families, and early childhood settings to advance children's health, safety, growth, and development within educational settings and the home. As a senior training and technical assistance associate at the Education Development Center, she has provided evidence-based tools, techniques, and research to Head Start grantees with a special focus on children's health and school readiness as an injury prevention in families' homes. She also supports professional networks for Head Start health nutrition and health management networks. Now I'll turn it over to Kim.

Kimberly Clear-Sandor: Thank you so much April. Dr. Donoghue and I look forward to spending this time together to discuss the important role that each of you can play in supporting children with special health care needs. You can partner with families, a medical home, and your own team to ensure children with special health care needs are in safe environments that promote their health and learning. Today the objectives for our webinar are to identify children who may benefit from an individual health care plan, an IHP, describe the best practice elements of an IHP, and describe the medical home and how to coordinate efforts together to develop an IHP.

Lastly, we hope to provide strategies to strengthen program capacity and staff confidence in serving children with special health care needs. Let's start by defining: Who are children with special health care needs? The United States Department of Health and Human Services, Health Resources and Services Administration, and the Maternal and Child Health Bureau provided us with this definition of children with special health care needs. "Those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

So here we can see two spheres. One of them is representing disabilities and one is representing children with special health care needs. While some children fall into the disabilities sphere or clearly into the children with special health care needs sphere, there are some children who do fall into both and they have a disability and a special health care need. Health Resources and Services Administration, HRSA, reports that one in four, or 27 percent of children under the age of three that have a special health care need also qualify for a disability under Part C and have an individual family service plan. Similarly, for children between the ages of three and five, some children meet the criteria for a disability under Part B and qualify for an individual education plan and others do not.

HRSA also reports that for children from birth to five, more than 9 percent, or approximately one in ten children have special health care needs. This number rises to 15 percent when you go up to age 18. And this makes sense, as many conditions are not diagnosed until children are older. Some examples of chronic health conditions include asthma, severe allergies, food intolerances, seizures, diabetes, feed-tube feedings, and many others. April shared that we provided some handouts for you. So if you can take a closer look at the handout "Who Are Children with Special Health Care Needs?" This is going to give us an opportunity to dive a little bit deeper and look a little bit more closely at some of the characteristics. You have a lot of free time in your program. You can take some time to go through the handout and find some interesting facts. I'm just going to highlight a couple of the ones that I think are important to note.

The first is that over half of the children with special health care needs are boys and that the population of children with special health care needs and non-special health care needs do not vary significantly by income. There's also some interesting facts that are important to consider as programs work to support the children and families, such as children with special health care needs are likely to miss more than two weeks of school due to illness or injury and they're more likely to have self-care access issues, insurance that's less likely to meet all of their needs, and they're less likely to have a medical home. You might also notice as you're going through this handout in the lower right-hand corner there's a table that identifies functional difficulties that impact the day to day life of children with special health care needs. Many of these issues impact their education experience as well, such as making and keeping friends, learning, understanding, and paying attention.

Dr. Elaine Donoghue: So who would benefit from an individual health care plan. The IHP is a child-specific tool to help a program prepare and care for the children's special health needs. To prepare your program and staff to have a child with special health care needs in the program, they must first identify who should have an IHP. Children who would benefit from an IHP are ones who would require adaptations in daily activities because of a medical condition, and who need to take medications regularly, or who require a specialized emergency plan. Always be aware of your state, local, and tribal regulations as they may have requirements related to IHPs for children with special health needs. An IHP that's developed collaboratively with families, health care providers, and the program ensures clear communication of needs, concerns, and actions.

So let's take a poll now and you'll see up on your screen we have the poll. I'd like you to click on each of these conditions where you might actually have children in your program who have those conditions. If our technology works well, we'll all be able to see how many of you have children with these conditions such as asthma, severe allergies requiring epinephrine for emergency situations, seizures, diabetes, or other. So we'll take about a minute to review that. And while you're doing that, now you just take your pointer and point and click on the boxes to the left of each of those conditions, and we'll review some national data. Nationally -- and this comes from the Data Resource Center for Children and Adolescent Health. And this was done periodically and they look at the incidents and prevalences of children with special health care needs. So 30.2 percent of children have asthma; 1.4 percent have diabetes; and 3.1 percent have epilepsy or seizures. So let's see how that compares with our poll. Hopefully that's coming through and we'll have that pushed out to us when the poll is complete. I would say in my experience, asthma and allergies seem to be very, very common, especially the severe allergies that require the EpiPen or the injectable, self-injected epinephrine.

Seizures are also fairly common. There's the febrile seizures that occur in young children and that they tend to grow out of. That's usually not as troublesome a condition as more chronic seizures, which is sometimes referred to as epilepsy. Diabetes can be Type I and Type II diabetes. Type I is sometimes people think of that as being dependent diabetes, and that is happening in younger and younger children. Type II diabetes is often related to overweight or obesity and that is also increasing a lot in our older children. So I don't know if we have that survey results but it looks like 94 percent have -- I think the 94 percent is asthma; 74 percent severe allergies; almost 50 percent with seizures; 30 percent with diabetes; and 35 percent with hearing problems. So very, very common. So hopefully we will be

addressing your needs here. The next slide that we have is "Caring for Our Children" Standard 3.5.0.1 and you should have that as a handout. So if you want to take a look at that. This is very helpful and it was written, "Caring for Our Children," as we said before, was written in collaboration with the Maternal Child Health Bureau, American Public Health Association, and the American Academy of Pediatrics. It includes science-informed practices developed by early childhood and health expert panels. And this particular standard specifies what should be included in a care plan. So it includes a list of the child's diagnosis or diagnoses, since oftentimes children have more than one, asthma and allergies being commonly together in children.

Contact information for the health care providers, and that includes the primary care provider but also the specialists and some indication of who to call for an emergency. So if you have a child with diabetes with a low glucose, do you call the primary care provider or the endocrinologist? So these are important questions to answer. Medication requirements such as regular medicines that are taken on an ongoing basis or emergency medicines, like albuterol for an asthma attack that you only give when the child is having a problem. You should also have the dose of the medication, the route that it's given -- so is it given by mouth? Is it inhaled; is it applied to the skin? The frequency and any special materials that are needed to administer the medication, like a nebulizer for albuterol, asthma medications, or some gloves to apply a cream. Procedures to be performed, such as suctioning or connected a g-tube feeding. Allergies to medications, foods, or environmental factors, and dietary modifications like a gluten-free diet, peanut-free diet, high calorie formula for infants, or others.

Then there's the environmental modifications, maybe a wheelchair ramp for a child who's in a wheelchair, or activity modifications like doing urinary catheters for a child with spina bifida, or a child receiving medications prior to outdoor play if symptoms are triggered, like asthma, triggered by play or cold weather. Information on a stimulus that may cause a reaction or a series of reactions, like flashing lights triggering seizures. Symptoms to observe, which guides the teacher's observation of physical symptoms, which might need intervention or treatment. So maybe a child's asthma, you don't hear them wheezing but you hear an increased cough. Behavioral modifications such as extra time for transition between activities. Emergency response plans, and that includes medical emergencies like a child having a seizure, or a program-wide emergencies like weather-related emergencies, a tornado or a fire. Special training that might be needed, for example, how to check a blood sugar level. When a child presents with a health care need, you may have questions or concerns. Early childhood programs need to have the necessary information to safely care for a child with special health care needs, so you may need to ask some questions.

Kimberly: So in order for a program to collect all of this information and create a plan to care for a child with special health care needs, a team approach works well. Families, health care providers, and programs become a team. Each member contributes unique and important information to the development of the individual health care plan that supports the child best. A family-centered approach is needed and together the team can plan and communicate about the impact of a child's health condition on his or her daily experiences in an early childhood program. These health programs build their capacity to care for a child with special health care needs. So first, let us consider families. Families have unique knowledge about their child; their health history and how she responds to her

health condition and her treatment. It's critical to understand the family's perspective about how they manage their child's needs at home. It can share important observations and information about their child's condition, their successes and challenges in managing the condition. For example, families can share what word a preschool child may use to describe how she's feeling when her sugar is running low.

This information is critical for a teacher to know because if a child uses this word, it will prompt the teacher to implement the individual health care plan. Working out a system for communicating concerns, changes, and even when medications are going to expire so families can get them refilled are all important parts in developing the individual health care plan. With a child with special health care needs, many families spend a lot of time coordinating care, getting medical supplies, and ensuring communication between multiple health care providers. 34 percent of families need two to five hours a week to do these tasks and 10 percent of families spend 11 hours a week or more on these activities. Some families may be learning about their child's special health care needs at the same time as the staff. Other families may need time to get used to leaving their child with other caregivers. They may need reassurance that early childhood programs will carefully observe and care for their child, thus ensuring open communication channels to allow families and staff to share information, questions, successes, and challenges, to support the best possible outcomes for the child.

Dr. Donoghue: Another important participant in developing an IHP is a medical home. The medical home might have information for staff about a medical condition that would be helpful in training. Specialty offices sometimes have staff in the office that can work with your program. An endocrine or diabetes health care provider might have a diabetic educator who's willing to support the inclusion of the child in your program and can provide training and expertise about the condition. They may be great resources for understanding best practices to adapting your programs to meet the need of the child. The Maternal Child Health Bureau has a definition of the medical home that includes a personal medical provider. Now that can be a hard thing to accomplish in today's larger groups with extended hours coverage. So for some things, it's important to know what you really need to go to that primary care, that primary person, and what are questions that can be answered by other people within the group. A medical home works with families to make referrals, appointments for therapies, and coordinate other services or equipment needs.

The third item highlights the importance of communication between the medical home and the community. The medical home definition also includes providing comprehensive and continuous care. For example, the medical home can provide a well-child check up with immunizations as well as creating an IHP or taking care of acute needs. They provide effective care coordination and a medical provider who listens to and partners with the family in their child's care. And they also work to ensure that interpreters are always available when needed. The early childhood program may need to communicate with the medical home for many different reasons. It could be something small like you just need a box checked or a little thing filled out on the IHP or it may be something more complex such as clarification regarding a treatment plan. Parents are always the best partners for getting information from the medical home.

So work with the families and the medical home to understand their confidentiality practices. So if you need to go directly to the medical home, it's important to get a release of information that's required by the HIPPA law before they can discuss the child's condition. Addressing information sharing upfront will facilitate efficient and effective communication between the medical home, the program, and the family. If you're contacting a medical home and you don't reach somebody directly, make sure that you leave a specific question so they don't have to guess what you're trying to ask. And leave a point person so when they call back, they'll know who to ask for and who can be the best person to communicate with. Provider offices just like your programs are busy and they may need a little time to get back to you during business hours.

Kimberly: And the program staff are part of the team and they have a determination to really make it work. Programs understand that there's no single "one size fits all" solution for all situations with children with special health care needs. Programs must make a commitment to communicate, collaborate, and be flexible in creating IHPs that individualize to meet each child and family's needs. When programs understand the perspective and expertise of each team member, they're able to make their program a safe place for the child.

As we already noted, families know their child best. Ask parents questions about their child, their concerns, and how they create safe environments for their child at home. Keep them informed and share with them daily progress of their child or if an emergency incident occurs. Health care providers can provide detailed medical information and have many health resources to support programs with getting training and education. Programs know their own needs, such as regulations, standards, accreditations, their policies, and procedures. These all must be considered. Programs also know their daily schedules and staff patterns. When the program shares with the family and medical home the specifics about their program, it supports their understanding of the early childhood environment and the team can work together to individualize the child's needs within the context of the program. The staff can also ask the family and medical home specific questions about the child to better understand what may need to be adapted or changed in the program.

For example, to ensure the safety of a child with a food allergy, a Head Start program may need to contact their food vendor to discuss the allergens and communicate about any changes that are made to the food suppliers. A Child Care program where children bring their own lunches may need to consider restrictions on foods and seating arrangements. The program can work with a family to identify foods they use at home and the medical home can provide support on reading labels. As Dr. Donoghue mentioned, medical homes are busy places and health care providers may not always be able to meet in person to discuss a child but the individual health care plan becomes a concrete tool for sharing information. Strong partnerships and communication are vital to caring for the child and family. While some of the information each partner brings to the conversation is the same, each partner -- the family, the medical home, and program -- all have unique expertise to contribute to the team. Each member plays an important role to ensure not only the child is well cared for while in the program but also that there is two-way communication about their health so that they can support the management of the child's condition. Each partner's unique area of expertise and knowledge contributes to a well-developed individual health care plan. Head Start and Early Head Start programs can also look for some

additional support from their Health Services Advisory Committee or HSAC. Through their HSACs, programs may have built relationships with health care providers in the communities who can help them with identifying medical homes, developing policies and procedures, and even identifying available training in the community. Child Care programs may utilize a Child Care Health Consultant who can support the program as well.

Dr. Donoghue: Hello, I'm sorry. Many specialists may provide or use a condition-specific IHP. These are very helpful because they include information to address a unique disease or condition. If you receive this type of care plan, it's always a good idea to proof it against the "Caring for Our Children" standard 3.5.0.1 that we discussed previously when we went through that bullet by bullet. And we provided you with an electronic and a hard copy of that. So look at them side by side and see if there's any information that you need from the health care provider or parent to clarify information that's needed. Having a team meeting with the family, health care provider, and teacher to review, discuss, and agree upon the plan is a great way to ensure collaboration, communication, and great outcomes for each child. This is a more generic care plan for children with special health care needs. And this comes -- this is in "Caring for Our Children," and also in the "Managing Chronic Illnesses" book. It can be used in conjunction with a regular physical form to supplement and it provides special areas to talk about modifications that are needed, like medications, what to do in emergencies, dietary modifications, etcetera. It's important to know if a child's got medication at home in addition to what you might be giving within your program because they might experience side effects from a new medication that they received at home. So you need to know what has been given there.

So a care plan, when you read it, when you get one of these, the first thing you do is look at the everyday items. So look at the chronic medications, changes in diet, and modifications that need to be made. It may include things like medication to be given around lunchtime or a dairy-free diet. It might also include a physical or occupational therapist from early intervention coming in once a week to your program. It might include things like providing extra water for a child with sickle cell disease during periods of warm weather. Pay special attention to the medical emergency plans for an individual child, like how to react to a child with diabetes who has a low blood sugar, as well as what to do during a programmatic emergency like evacuating a child in a wheelchair for a weather-related emergency. PRN, this is a frequent question. PRN is an abbreviation for a Latin term that means, "As needed." And health care providers use this abbreviation a lot in their medical records, and they might need to be reminded that early childhood program staff are not medical staff and they will be reading and interpreting these IHPs.

So the health care provider should be specific with their instructions, like give this medication as needed for wheezing or persistent cough, or as needed for a fever over 101 degrees, or a temperature over 100.4 degrees. So the more specific they can be, the better. To implement a care plan, it's important to organize your questions. So take a look at the IHP and know what questions you want to ask the family, like how to get a child to take a medication or how to recognize an asthma attack. Also organize your questions for the medical staff about a care plan. Then once you've got answers to some of your questions, organize your activities. So identify sources for staff training, like a Child Care Health Consultant, other nurse educators, videos. If you're in a Head Start or an Early Head Start program, your

Health Services Advisory Committee may help you identify local resources to support training needs. Also, many conditions have foundations or organizations that have training materials, like an epilepsy foundation, which might have training information. "Caring for Our Children" has a number of resources and we will also have a list of resources at the end of our presentation today and you should have that as a handout. "Caring for Our Children" also has a glossary of medical terms. So if some of the terms that you see in the IHP are not familiar, that's a great place to go to. And remember that it's important to do training for current staff but new staff as they come on board will also need to be trained. So you need to think about how you will implement that. IHPs need to be updated after hospitalizations, changes in health status, or obviously when there's any change in medications. The children you serve are young and growing. And as their bodies grow and develop, their health care needs might change as well. They might need an increased dose of medication or perhaps a medication change to fit the child's symptom. It's important for the team to revisit IHPs periodically to ensure they reflect the child's current needs and conditions. Many specific events might trigger a review of the IHP, like the hospitalizations or if there is a significant change in the child's health care status.

Kimberly: So we've shared a lot of information with you about important information to include in a health care plan, how to work with your team in developing a care plan so that all the child's needs are met and then thought about within the context of the program. We reviewed how to look at a care plan, how to implement one, and even how to think about communicating with our medical home. So let's try and pull it together and look at an actual case together. You were provided the link with the handouts with this webinar and we are going to look at the Children with Special Health Care Needs Case Scenario for Anthony Deon. As I read the case scenario, we would like you to consider what next steps the program would take in order to care for this child when talking with the family, the medical home, and the staff. There's a small spot on your form and on the back of your handout where you can begin to jot down some notes.

Anthony Deon is a three-year-old previously healthy male who had a seizure with fever one year ago and recovered completely. He had a second seizure with fever last week that required hospitalization because it was long and he had several in a row. He is now ready to return to his early care and education program after being discharged and he has a new individual health care plan. He also has two new medications to be stored at the program: one in case of a fever and the other should be given for a seizure that lasts a specific amount of time and is given rectally. Here is Anthony's medication order. You can see there are two medications listed: Diastat is a PRN medication for seizures, and Ibuprofen, which is also an as needed medication to be given for fever. So take a moment and if you're in the room with any of your colleagues, you can discuss and share together to think about: What would be your next step in developing the individual health care plan? What are some questions you might have? What are some thoughts and things you might want to consider when thinking about his case study as well as his medication order? We'll give you a few minutes to jot down your thoughts and chat with your colleagues.

Dr. Donoghue: So just to help you to frame up your questions, you might want to organize them as what questions do you have for the family? What questions do you have for the medical home? And what questions do you have for the program? When you're done -- we'll give you another minute or so to

finish up your thoughts to thinking about that -- and we'll go over some things we thought of. If you're finding that you had great thoughts that we did not cover in our little debriefing that we'll do in a minute, go ahead and type them into the question box and maybe we can share them with the rest of the group. So some things that we thought of: questions that you would ask the family. How did they know when Anthony was developing a fever? Does he get flush; does he act different? Is there a change in his behavior? Can they describe the seizure? Is it something that happens to his whole body or maybe just a part of his body, like eyes rolling? Is it very severe? Is it just one-sided? All these questions will help you to characterize it and recognize when it happens. Have they ever had to give these medications before? If so, how did the child tolerate them? Did he get sleepy afterwards? Did he fight? What happened when they tried to administer the medication? What happened afterwards when they gave him the medication? Did they have any particular issues or problems? What information is helpful to know about his behavior, activity, or other things throughout the day that at the program that will be important to share with his medical provider?

So if you've seen something during the day and he does have a seizure and he's brought to his provider's office, what information will they want to know? So those are some questions we thought that you might want to address with the family. Questions we thought you might want to address with the medical home are: At what temperature do I tell the family and the program to give fever-reducing medication? So do we use a cutoff of 100 degrees; 100.4; 101? What should they do if the child has a seizure? Do they want to lie the child flat? We know that we don't stick anything in the child's mouth but that's still a common misperception that goes on. So those are things that you want to clarify. How do you give the child a rectal medication? So techniques on administering that is going to be very important. And what important information can the program collect if the child has a seizure to help you manage his condition and support the child? Questions that you might have for the program are: Are the staff trained to recognize signs and symptoms of a fever? And are the staff trained to use and read a thermometer? Are the staff trained in seizure management? So knowing what to do in the case of a seizure. And where can you get training on these particular scenarios. Where can you get medication administration training? And what are your resources for dealing with seizures? Where will we store this medication so it's easily accessible? The medication that was prescribed for Anthony is a controlled substance, so it does need to be secured, and yet you don't want to have it so secured that you can't get at it in the event of an emergency.

And then the issues that you'll know best as a program. So what's the coverage of the staff in the classroom? So you don't want everybody tending to Anthony and nobody watching the other children. So how will you split those responsibilities to maintain the safety of the other children? So those were some of the questions and issues that we came up with. We'd be interested to see your thoughts and if you have any additional things that you would like to add. These are several resources that we thought might be helpful to you as you're looking at a care plan, as we just did with Anthony Deon. So there's many things to consider and you might not even know what questions to ask. One place you can go to is your health services advisory committee, or if you have a Child Care Health Consultant available in your area, they can be invaluable resources. There's also two resources that are available. We mentioned before, "Caring for Our Children," that has information about managing children with special health care

needs, medication trainings, and "Caring for Our Children" has great appendices and references. The other one is the book that Dr. Kraft and I wrote, the quick reference book to help with situations like Anthony's. Both of us were seeing in our pediatric practices the need for someplace to go that was quick and succinct that programs could look at. So many times we'll copy pages of this and send them out with children's IHPs when they bring them back to the program. In addition, we've provided resource handouts in today's webinar material.

Kimberly: So as we saw in Anthony's case, oftentimes a child's individual health care plan does involve the administration of medication. And administering medications correctly is imperative to supporting the child. To prepare your program for administering medication, you may consider referring to the resource that Dr. Donoghue just shared on the screen, "Caring for Our Children." In the resources that we've provided with today's webinar, we included the "Caring for Our Children" special collection for children with special health care needs. This is a compilation of standards from "Caring for Our Children" that relates specifically to children with special health care needs. Within this document are standards on medication administration policies, training, and best practices. The standard does stress the importance of a trainer that is a licensed health care professional. So having a nurse, a nurse practitioner, a physician, a physician's assistant may be the best person to do a training for your staff. As well as content; the standard also includes content that should be included in a training, since it's covering the five rights, which many of us know as the name of the medication, the amount to give the child, the route, which is where the medication goes, as well as having participants practice and demonstrate their skills and show that they are competent in medication administration. These are all important components to include in a training.

Programs also need to consider who and how many staff to train. So some of the things that they can think about are the needs of their children. How many of their children have medications? How frequently are they needed? As well as the design of their program. Are the classrooms and other staff close together? Are they spread apart on different floors? So who is available to administer the medication in case it is needed? You should also consider the comfort level of the staff in administering medication and their ability to read the language on the forms and understand the package inserts and all of the instructions. Remember deciding who to train also may involve others outside of the classroom staff, such as bus drivers and monitors. The Head Start Program Performance Standards 1304.22 addresses medication administration and includes the grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy state or tribal laws, but where such laws are consistent with federal laws.

The procedures must include items listed on the slide above, such as labeling and storing medication, designating a trained staff member or school nurse to administer, handle, and store the medication, obtaining physicians' instructions and written parent or guardian authorization for all medications administered by staff, maintaining an individual record of all medications sent and reviewing the record regularly with the child's parents, and recording changes in the child's behavior that has implications for drug dosage or type, and assisting parents in communicating with their health care provider regarding the effect of the medication on the child. Lastly, ensuring that appropriate staff members can

demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer the medication.

Dr. Donoghue: The American Academy of Pediatrics has developed a medication administration training. The AAP recommends that a licensed health care provider deliver the training. Always remember that your local and state regulations may impact your medication administration training in your program. These materials are available online, free of charge, and include videos, handouts, PowerPoints, and guidance. So there's two ways they're delivered. One is in live and a presentation. The other one is online. Here's an example of one of the modules and the content that's covered. It covers knowledge, skills, and attitude. So the knowledge that each participant should be able to define at the end is the five rights of medication administration, like Kim was talking about before, how to identify those PRN, or as need conditions, identify universal and standard precautions, and how to administer various types of medications. The attitudes would include feeling comfortable giving medications. And the behaviors would be the participants being able to demonstrate how to use different measuring devices or practice giving different types of medications.

Kimberly: So all the information we're talking about today includes personal information of children. So we must always consider the confidentiality and record keeping of these records. Your program should have a policy on confidentiality and record keeping that is followed with medication administration and children with special health care needs. Medical information about enrolled children and their families is confidential. Records must be handled and stored in a way that protects confidentiality. Individual health care plans include personal health information. It is protected under your program's confidentiality policy. Adult caregivers that care for a child with an individual health care plan need to understand the plan. But it is important to follow your program's policy when sharing the confidential information. Confidential information should only be shared with those persons who need to know in order to care for the child, and only with the consent of the family or legal guardian. While disclosure of medical information often helps provide good care, disclosure can also result in negative consequences for families because of fear and stigma associated with certain conditions. Before sharing any medical information, you can help families consider the risks and benefits of disclosure.

Certain medical conditions have special legal requirements concerning disclosure. Some communicable diseases require reporting exposure. And in some states, HIV disease has special confidentiality protection. So as we review today, an individual health care plan develops and collaborates with the family, the medical provider, and the program, is a great tool for sharing information to ensure programs can safely care for a child. Also considering safe medication administration needs of your staff, as well as your training needs of your staff, as well as the medication needs of your children are very important. So there's many benefits to creating an individual health care plan for a child. Health promotion and prevention of complications.

Children with chronic conditions remain healthiest when all possible measures are taken to promote their general health and manage the chronic condition closely. So this could be done while they're in your program. You're supporting their ongoing health and ongoing participation in their learning at

school. Communication and collaboration. Optimal health care for children with chronic conditions require close communication and coordination among families, the program, and the providers. The individual health care plan is a concrete tool that documents the child's needs and explains the actions to take. A systematic process of developing and following individual health care plans helps clarify the roles and responsibilities of all caregivers and facilitates collaboration among all members of the child's team. Identifying necessary staff training. An individual health care plan allows a program to be proactive and identifies the specific procedures needed to care for the child with chronic conditions. They can use individual health care plans to identify the staff training that's required to build knowledge and skills to care for the child. With a well-constructed individual health care plan, families and staff can feel confident that they're doing everything possible to keep the child healthy on a routine basis. Also if health problems or emergencies occur, they can feel confident that they are prepared to manage them in the best way possible. Families with children with special health care needs feel more confident and children feel secure knowing that their caregivers know what to do if they need help.

April: Great, thank you so much Dr. Donoghue and Kim for sharing this wealth of information on children with special health care needs. So we do have a few questions and we have a couple minutes, so let's see how many we can get through. So the first one: Families often ask us to administer a medication. My staff do not feel comfortable giving medication to the children. What are some strategies for supporting staff?

Kimberly: Thank you April. That is a very common question. Giving medication can be nerve-racking for teachers who may not feel very comfortable around doing it. So it's important to be able to identify what training needs are needed around the medication and ensure that their training that's provided really gives them an opportunity to practice administering the medication. It's also really great if you can have an opportunity where the staff is able to talk with the family and review the health care plan around when to administer medication and what works for them. Oftentimes families are very creative in having children cooperate in giving their medication. One time I was working with the family and their child used an inhaler with a spacer and the child knew how to take a deep breath like she was going to be blowing out a lot of birthday candles. And they suggested that if you just said that we're going to be practicing blowing out a lot of our birthday candles and taking a big deep breath, that that was a good way to get her to use her spacer correctly. So often families can provide information that supports the staff in feeling comfortable. Our resource handout that we provided today does provide a link to the Healthy Teachers Medication Administration curriculum that Dr. Donoghue referenced, as well as the "Caring for Our Children" standards that talk about some of the things that go into a medication administration training. Thank you.

April: Sounds good, thank you. All right, and so our second question: When young children are diagnosed with asthma, the family often does not know the child's triggers. Are steps a program can take to minimize potential triggers in an early education classroom?

Dr. Donoghue: Yeah, that's a common thing. So there's a couple of resources that have been really helpful with that, one of them is included in the resource list, the Asthma and Allergy Foundation, and it's called "Asthma-Friendly Child Care Checklist." And that has a list of things that can often serve as

triggers for asthma and can help you do simple things like change the filters on your HVAC systems, or perhaps make sure that cleaning products don't have perfumes in them. And that can make a big difference sometimes in a child's asthma trigger. It goes back once again to that three-way communication, talking to the families. A lot of times families will have information about what they've noticed as a trigger for their child's asthma. So that can be a helpful piece of information as well.

April: Great, great. So another question. If the note from the doctor says "I.M.", what exactly does that mean; I.M.?

Dr. Donoghue: I.M.? The letters I and M?

April: Yes.

Dr. Donoghue: That's intramuscular and so that is given as an injection. So it means it's an injection and so that is likely related to an EpiPen. And so there's great resources about how to administer those. It's not -- you don't have to be trained like a nurse would be trained to give a shot. You just put that against the child's thigh and click a little trigger and it automatically injects it. But that would be given into the muscle, so that's a good way to think of I.M. is into the muscle.

April: Great, that's great, thank you. So our next question. Is there a universal child health record form that's used in a special health care -- special health care needs summary form that can be used in Head Start centers?

Dr. Donoghue: I think we had within the presentation -- I don't know if I still have controls over it -- but there was a generic health care form that I think is pretty useful and can usually be adapted for a number of different questions. I'll try to come up with that number of that slide or I don't know if you have it there, Kim.

Kimberly: Yeah, and the two health care plans, the one that you have online and the one that aligns with the standard on creating a health care plan for children with special health care needs, are both included in the "Caring for Our Children: Children with Special Health Care Needs Special Collection" that was part of your resources today. You can usually find them in the appendix of those two books. I don't have the numbers off the top of my head either, Dr. Donoghue, but I know they're there.

Dr. Donoghue: Yes, yeah, they are. And it was I think slide 21 today that we had that. Grab my "Caring for Our Children" and find out what appendix that is.

Kimberly: It's also good to consider your local regulations around what needs to be included in a care plan for children with special health care needs, who needs to sign it, and what specific information may be required. As many states have different requirements related to these, or they may have not at all, but it's important to look into that when you're looking at your care plans.

Dr. Donoghue: So the "Caring for Our Children with Special Health Care Needs" that you had today, it looks like it's Appendix N -- as in Nancy -- and there's another one in Appendix O. So you can take a look at that and see how they meet your needs.

April: Perfect, thank you. Okay, so it looks like we have time for one last question. And this question is similar to the example of Anthony Deon that you gave, so we have a child at one of our centers who just started having seizures. His mother has bought him medication that needs to be administered rectally but we do not have a nurse on staff at this center. What's the best practice in that situation since none of our staff are trained or licensed to give the medication in the event of an emergency?

Dr. Donoghue: So that's a great example of a time to bring in a Child Care Health Consultant if you can because there's lots of different issues associated with that. And remember, we said always refer back to your state and local regulations. And so a Child Care Health Consultant from your area will know about all those regulations and either be able to provide some training or to provide a way to get resources to take care of this particular problem. And Kim, you probably have some ideas about this too.

Kimberly: Yeah, it's that close collaboration and communication between the medical home and the family to identify: what training do we need? How can we get it? Do they have any resources to help us find it? And then looking at what we're able to do within our state.

April: Yes, that's great. All right, I do see that there are a lot of questions still coming in, but if we weren't able to get to your question, we'll answer you directly via email within the next week or so. So I just want to thank both of our speakers, Kim Clear-Sandor and Dr. Elaine Donoghue for sharing all this great information. And if you have any questions that you didn't get to type into the question box, please email us at nchinfo@aap.org and we'll get right back to you. So in closing, when the webinar ends, the post-event survey will immediately appear on your screen or you to complete and there will also be a follow-up email sent to everyone who watched the webinar live. And within that email, there's a link for you to take the survey via SurveyMonkey. And you'll only need to use that in case you or anyone in your group wasn't able to take the survey immediately following the webinar. And the ones who take the survey immediately after the webinar will get their certificate immediately. But if you have to use the SurveyMonkey link, you'll need to wait a week or two. So each person who would like a certificate has to take the individual evaluation. And as a thank you for attending the webinar, everyone who completes the evaluation will get "Managing Chronic Health Care Needs in Child Care and Schools" by Dr. Donoghue and Dr. Kraft. So I want to thank you again for attending the webinar and we look forward to your participation in future events. Thank you.